

## **Eliminating the Traumatic Response Symptoms**

**By Mary A. Johnson, Ph.D.**

A young woman came for her appointment quite a few years ago. She complained of insomnia, flashbacks, dissociative episodes, and nightmares. She held a responsible position, and her symptoms were affecting her work performance.

We discussed her former therapy experience. She had seen another therapist, who had employed cognitive behavioral therapy, but she had seen no cessation of her symptoms. Her husband had insisted she see another therapist. By the time she recounted her symptoms, she was crying – we had not even gotten to the details of her trauma.

I wanted to tread lightly with this client, and I wanted to develop a rapport with her. Her trust of therapists hung in the balance. I explained to her that each individual is unique, and I pointed to my collection of all things zebra-ish – figurines, pillows, stuffed animals, pictures, etc. – that are present in my office. I told her that no two zebras have the same stripe pattern, just as no two humans have the same fingerprints. She seemed calmer as we talked about things unrelated to her symptoms. I said I tailor my therapy to each unique client, refusing to use a “cookbook” method. Building trust was my goal with her at first.

We briefly discussed her employment duties, her children, and her goals in life. She was quite articulate about wanting to be a better employee, feel rested, and get rid of the insomnia, flashbacks, and nightmares. Her understanding of her dissociative episodes was lacking, so we talked briefly about how our body seeks to “escape” the trauma.

By now she was able to begin her description of the event that had caused the symptoms some years ago. Her mother had been murdered, her body dismembered, and some of the pieces left where the client could find them. When she tried to sleep, she visualized the pieces, and she had flashbacks of her trauma at finding them. When she did sleep, she was awakened several times during the night by nightmares of what might have happened to her mother before she was killed. At work, she found herself unable to concentrate or perform her clerical duties because of the dissociative episodes. The symptoms were becoming worse – she was tired most of the time from lack of restful sleep, and her job performance was not up to her employer’s standards. Her husband wanted to help her, but he did not know what to do except to get her to another therapist -- me.

I am not officially trained in EMDR, but during my internship witnessed it several times, and I knew the theory behind it. I told the young woman about the two sides of the brain and how trauma sometimes causes them to lose communication with each other. I told her if she trusted me, I’d like to see if we could get them to connect and process the trauma and resolve it. I told her the method might seem bizarre in some ways, but that many studies had shown it to have good results in cases like hers. She seemed willing to try anything.

Careful not to label my therapy as EMDR, but labelling it “helping the two sides of the brain communicate,” and “bilateral stimulation,” I asked her to visualize a very comfortable,

peaceful scene, a situation in which there was no fear, just serenity and peace. She described it to me, and I wrote it down in detail, in her words.

Then I asked her to describe her feelings at finding the body parts, her shock, her nausea, her disbelief, her repulsion. She described the body parts in detail (remember compassion fatigue?), and I could only imagine her feelings at the time. I took notes in detail, again using her own words.

First, I described how in the treatment process I would be moving my finger back and forth rapidly while describing the details of her trauma. I would ask her to follow my finger with her eyes. Then I would say, “Stop!” I described how immediately after that I would ask her to visualize the peaceful scene while I described it to her. I told her I would tell her everything was all right, that she needed to have no fear. I wanted her to have no surprises about the treatment process.

So we began. I moved my chair close in front of her and began to move my right index finger back and forth rapidly while repeating the details of her finding the body parts and her feelings at that time. I used her words. After the detailed description, I said, “Stop!”

I immediately instructed her to visualize her peaceful place. I began to move my finger back and forth again, this time repeating her description of her peaceful, comforting, and serene place in a soft and comforting voice tone. We repeated this series of her following my moving finger with her eyes, with first the trauma, then the peaceful, safe visualization, twice more.

At her appointment the next week, she reported that her symptoms were less severe, but that she still had some. Since she knew the process, we began to repeat the treatment. This time we chatted a bit after the first complete set of eye-movement treatments (meaning detailing the trauma, then detailing the peaceful and safe place). I told her we would do the treatment again. After a complete set again, we chatted about benign subjects – how hot it was these days, how fun parenting could be, etc. Then we repeated the treatment a third time.

By then the appointment time was up. I told her we would not schedule another appointment, but to call me if the symptoms arose. She had not called in two weeks, so I called her, just to check on her. She reported that her symptoms were entirely gone and had not returned. She was amazed, but said she had not even thought to call me, because she was feeling good, had no flashbacks, was able to sleep easily with no nightmares, and had had no dissociative episodes. Her husband was delighted with the change, and her work performance was much better.

Again, a disclaimer – I am not officially trained in EMDR, nor did I call my treatment EMDR. However, it was a clear demonstration of the efficacy of bilateral stimulation, and since then I have used this method with other clients who have been traumatized, with good results.